PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10/697, 172

CLAIMS AS FILED - PART I						0)		SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMC			(Column 1)		(Column 2)			TYPE [OR		
TOTAL CLAIMS			10				ı	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* \$			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column							į	TOTAL		OR	TOTAL	770.00
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) (Column 2)						(Column 3)		SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	o	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
TOTAL										TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE	L
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										ı		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		J	+145=		OR	+290=	
TOTAL										1	TOTAL	
	· ·							ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	7 - 7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
erene	n trie Highest Nur The "Highest Nurr	mber Previously Pai	d For" (Total o	r Independ	is less that lent) is the	e highest numbe	er fou	und in the app	oropriate bo	x in co	olumn 1.	